
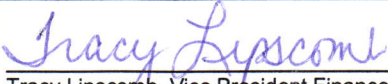
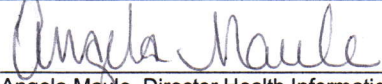
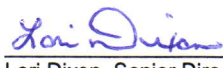


GARRETT REGIONAL MEDICAL CENTER A Proud Affiliate of 	Department: Patient Financial Services		Policy Title: Caring Program (Financial Assistance)	
	Original Date: 09/01/01		Policy Number: 8520.000	Page Number: 1 of 8
	Effective Date: 09/01/01	Reviewed/Revised Dates: 01/11, 02/12, 2/13	Submitted by: Angela Maule RHIA, CCS	
Approval Signature & Title:  Tracy Lipscomb, Vice President Finance Date: 12/23/15		Approval Signature & Title:  Angela Maule, Director Health Information Management/Billing and Collecting Date: 12/23/15		Approval Signature & Title:  Lori Dixon, Senior Director Finance and Accounting Date: 12/30/15

Policy Statement:

The "Caring Program" enables Garrett Regional Medical Center (GRMC) to offer financial assistance for healthcare services rendered to underprivileged, underemployed, and/or underinsured patients who have difficulty providing themselves with life's necessities, i.e., food, clothing, shelter, and healthcare. In an effort to assist those in need and to further the hospital's charitable mission, GRMC has established a financial assistance program to allow the write-off of unpaid account balances upon determination of the "Caring Program" eligibility. GRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Individuals with a demonstrated inability to pay rather than unwillingness to pay are eligible to apply for the financial assistance program at GRMC. Patients are expected to cooperate with GRMC's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.

Objective:

The qualifying criteria are minimal and broad so GRMC can exercise maximum flexibility to offer financial assistance to program applicants. Eligibility to the "Caring Program" represents "free" or reduced healthcare and as such, is included as part of the hospital's outreach mission.

Guidelines:

- A. GRMC will grant financial assistance for eligible applicants for medically necessary services that are urgent, emergent, or acute in nature. Services included in the program are emergency room visits, inpatient admissions, and outpatient laboratory, radiology and cardiopulmonary services. Elective surgical procedures may also be eligible for financial assistance for eligible applicants through the "Caring Program" and will require individual consideration by management.

B. Screening for Medicaid eligibility is required.

- a. If Medicaid eligibility is likely, the patient must apply for Medicaid within the required timeframe of the service date or the date the patient assumes financial responsibility for the services rendered (specific to state Medicaid requirements).
- b. If Medicaid eligibility is not likely, i.e., no extraordinarily high medical bills, no children in the household, any disability, etc., a formal denial from Medicaid is not required, however all Patient Financial Services Representatives have the authority to request the Medicaid application whenever there is a chance of Medicaid eligibility.
 - i. All inpatient and observation visits require Medicaid status.
- c. Any patient who is not eligible for fully covered Medicaid services may apply for financial assistance through "The Caring Program."
- d. Any patient who is eligible for Medicaid but has a "spend-down" requirement to meet before Medical Assistance begins to cover charges may apply for "The Caring Program."
- e. Incomplete applications and/or failure to apply and follow through with the Medicaid application will result in a denial from the "Caring Program."

C. The "Caring Program" application must be completed and returned via the U.S. Postal Service, delivered in person, or completed over the telephone within 60 days of date the patient becomes financially responsible for services rendered. The patient, a family member, a close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

- a. All applications require the signature of the individual who is financially responsible for the unpaid bills as well as proof of financial information used to determine program eligibility.
- b. If the application is completed over the telephone for the patient by the PFS representative then the application will then be mailed to the patient for a signature. The application will then be either mailed or faxed back to the PFS Department.
- c. If the applicant cannot read/write, PFS will read the policy to the applicant and assist with the form completion, requiring only a witnessed signature of an "X."
- d. Any required signatures or additional information requested by a Patient Financial Services Representative must be returned to the Patient Financial Services (PFS) Department within 30 days of the request. If the information is not returned within

that time, the patient is ineligible for assistance through the "Caring Program" for those service dates that related to the application.

- D. In order for an individual to qualify, he/she must have exhausted all other sources of payment, including assets easily liquidated, i.e., bank accounts, money market accounts, Certificate(s) of Deposit, savings bonds, etc. Calculation of the applicant's income excludes net assets of \$10,000 or less.
- E. The following definitions of family size and income will assist in the "Caring Program" eligibility determination:
1. Family: Using the Census Bureau definition, a family is a group of two or more persons related by birth, marriage, or adoption, living in the same residence, sharing income and expenses. When a household includes more than one family, GRMC will use each separate family's income for eligibility determination. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.
 2. Individual: An individual is a person who is emancipated, married, or 18 years of age or older (excluding inmates of an institution) who is not living with relatives. An individual may be the only person living in a housing unit, or may be living in a housing unit with unrelated persons. An individual is also, for the purposes of this policy, someone 18 years of age or older who lives with relatives but has his/her own source of income.
 3. Income: Before taxes from all sources, as follows:
 - a. Wages and salaries
 - b. Interest or dividends
 - c. Cash value of stocks, bonds, mutual funds, etc.
 - d. Net self-employment income based on a tax return as calculated by GRMC. Non-cash deductions (depreciation), income tax preparation fees, expenses for use of part of a home, entertainment, and any other non-essential expense will be subtracted from the reported business expense deductions in determining financial need and program eligibility.
 - e. Regular payments from Social Security, railroad retirement, unemployment compensation, veterans' payments, etc
 - f. Strike benefits from union funds
 - g. Workers' compensation payments for lost wages
 - h. Public assistance including Aid to Families with Dependent Children

- i. Supplemental Security Income
- j. Non-Federally funded General Assistance or General Relief money payments
- k. Alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household
- l. Private pensions or government employee pensions (including military retirement pay)
- m. Regular insurance or annuity payments
- n. Net rental income, net royalties, and periodic receipts from estates or trusts
- o. Net gambling or lottery winnings
- p. Assets withdrawn from a financial institution one year or less before program application
- q. Proceeds from the sale of property, a house, or a car
- r. Tax refunds
- s. Gifts of cash, loans, lump-sum inheritances
- t. One-time insurance payments or compensation for injury

F. Eligibility for 100% financial assistance at GRMC is available to applicants whose income is at or below 200% of the current Federal Poverty Guidelines when the applicant has less than \$10,000.00 in net assets. Any Individual treated at GRMC, regardless of permanent State residence, may apply for financial assistance through "The Caring Program." Partial assistance is available with incomes up to 300% (after the \$10,000 net asset exclusion) of the Federal Poverty Guidelines, as follows:

- 1. Eligibility for 95% financial assistance is available for incomes at 201%-210% of the Federal Poverty Guidelines.
- 2. Eligibility for 85% financial assistance is available for incomes at 211%-220% of the Federal Poverty Guidelines.
- 3. Eligibility for 75% financial assistance is available for incomes at 221%-230% of the Federal Poverty Guidelines
- 4. Eligibility for 65% financial assistance is available for incomes at 231%-240% of the Federal Poverty Guidelines.
- 5. Eligibility for 55% financial assistance is available for incomes at 241%-250% of the Federal Poverty Guidelines.
- 6. Eligibility for 45% financial assistance is available for incomes at 251%-260% of the Federal Poverty Guidelines.

7. Eligibility for 35% financial assistance is available for incomes at 261%-270% of the Federal Poverty Guidelines.
8. Eligibility for 25% financial assistance is available for incomes at 271%-280% of the Federal Poverty Guidelines.
9. Eligibility for 15% financial assistance is available for incomes at 281%-290% of the Federal Poverty Guidelines.
10. Eligibility for 5% financial assistance is available for incomes at 291%-300% of the Federal Poverty Guidelines.

G. If ineligibility results from the financial guidelines stated above or the applicant is eligible for partial assistance only and the applicant indicates an inability to pay the outstanding balance, the applicant will be asked to complete a financial statement to determine if his/her available monthly income is consumed by the daily necessities of life. Individual consideration of eligibility for applicants in this situation will apply to assure members of our community who cannot pay for their hospital care are included in our financial assistance program.

1. Mutually agreed upon interest-free monthly payments (based on available income after expenses) will be discussed and offered to those who are otherwise ineligible for the "Caring Program" and have expressed a need for an extended repayment period.

H. Individuals with a need for financial assistance who are unable to apply or do not have an individual to apply on their behalf are not overlooked for financial assistance through the "Caring Program." This includes anyone determined to be homeless, patients who have filed for bankruptcy, and/or patients who are deceased with no estate or with an estate too small to cover the patient's hospital bills. Any patient falling into these categories will be eligible for 100% coverage of his/her hospital bills through The Caring Program. (Homeless patients are only eligible for the date of service in question). The following indicates the available methods for GRMC to obtain information needed for eligibility determination in these situations and for whom a completed, signed application is not required:

1. Telephone contact, including TTY communication and verbal information about the individual's financial situation
2. Discussion of the situation with the individual's state Medicaid office to obtain a preliminary determination of Medicaid eligibility
3. Research the applicant's other GRMC accounts
4. Information from the next of kin or other person able to speak about the individual's financial condition-Within HIPAA guidelines
5. Have personal knowledge of the individual's living situation

- I. Documentation requirements include the application for financial assistance, proof of income and/or any unusual expenses, financial statement, release of information, etc.
- J. GRMC has posted signs publicizing the Program at all registration areas and in the reception area of the Patient Financial Services (PFS) Department. Information about the program is printed in the "Patient Handbook" and on the hospital's web site. Monthly self-pay statements include a pre-printed notification of the financial assistance program and instructions for applying to the "Caring Program." Included with every self-pay statement is the "Maryland Hospital Patient Information Sheet" that mentions the hospital's financial assistance program. Automated monthly statement messages also encourage applications for financial assistance. Whenever a patient/guarantor inquires about the availability of a financial assistance program at GRMC, staff members should refer the inquiry to the PFS Department; offer to supply the telephone number of the PFS department, and/or direct patients to the PFS department. All PFS personnel review the financial assistance policy annually, at a minimum, discuss policy changes at departmental meetings, and have access to the current financial assistance policy during all work hours.
- K. GRMC will post, at least on an annual basis, an ad in the local newspaper informing residents of the availability of its financial assistance program, or upon approval of updates to the program guidelines. Printed copies of the application forms are available at the time of registration or at any registration location. Copies of the financial assistance policy and applications are also available in the Patient Financial Services Department upon request and may be picked up in person or mailed to the patient's or guarantor's home.
- L. Self-pay accounts will be screened for financial assistance regardless of the dollar amount of the account; however, self-pay balances resulting from insurance company payment to the individual or from the individual's failure to respond to an insurance or GRMC query will not be considered eligible for the program.
- M. Financial assistance is not available for any account already referred to a collection agency or attorney for formal collection action. Excluded from this statement are accounts where an individual/family has declared bankruptcy or has deceased with no estate or has an estate too small to pay our claims. Any outsourced third party collection agencies receive a copy of the financial assistance policy on an annual basis, or when changed, whichever occurs first.
- N. Financial assistance through the "Caring Program" will continue for a period of one year after the eligibility approval date based on date of service, unless income significantly changes, when based on fixed incomes such as social security or retirement, or the tax return of a self-employed individual. Eligibility based on the guarantor's past three months of income or annual tax return of someone who is not self-employed will qualify for a six-month eligibility to the Caring Program unless the income of the applicant changes significantly.

1. After the designated period of eligibility, a new application for financial assistance must be completed/signed by the guarantor. Fixed income verification is required annually and applies for one calendar year (January through December) for eligibility determination if the applicant completes the renewal application at the appropriate time.
 2. Upon application approval, GRMC will write-off eligible account balances. GRMC may reverse the determination of eligibility if any of the information supplied on the application was incorrect.
 3. If an individual's financial status deteriorates and he/she cannot pay the agreed upon monthly payment amount, GRMC will again review (upon request) the individual's eligibility to the program.
 4. Once GRMC has determined that an account is eligible for financial assistance or is not collectible, that financial classification is final.
 5. GRMC will post payments received from any source (after the eligible account balance is written-off) to the appropriate hospital account and will adjust the amount of the financial assistance write-off accordingly.
- O. Individuals who have incurred hospital expenses for care and/or treatment ordered through the Garrett County Health Department (GCHD) as part of the Garrett County Cancer Control Program shall be eligible for financial assistance for balances remaining after payment from GCHD. GCHD is responsible for notifying GRMC of all claims that fall into this category.
- P. Individuals or families with an income below 500% of the federal poverty level that can prove medical hardship will be eligible for The Caring Program for a 15% financial assistance or reduction in charges. In order to meet the medical hardship criteria, the patient/family must have medical debt at Garrett Regional Medical Center (excluding co-pays, co-insurance, and deductibles) that exceeds 25% of the individual's/family's annual income. Medical debt is any out-of-pocket expense (excluding co-pays, co-insurance, and deductibles) for medically necessary care that the individual/family has incurred at Garrett Regional Medical Center in a 12 month period. Medically necessary care, for the purposes of this policy, does not include elective or cosmetic procedures. If an individual/ family meets these criteria and is found eligible for The Caring Program, that eligibility will last for 12 months from the date on which the reduced-cost medically necessary care was initially received, unless there is a significant change in the individual or family's income. Once found eligible, The Caring Program covers medical bills for all members of the household. Eligible medical debt does not include any accounts which the patient chooses to opt out of insurance coverage or insurance billing.
- Q. Upon receipt or notification of an individual's or a guarantor's notice of bankruptcy filing, all accounts with an outstanding self-pay balance for that individual or guarantor will become eligible for 100% financial assistance through the Caring Program.
- R. Self-pay accounts for individuals who are deceased and have no assets or estate shall be eligible for 100% financial assistance through the Caring Program.

- S. A probable eligibility determination will be given to the applicant within 2 business days of PFS representative receiving the patient's request.
- T. A final approval or denial letter will be mailed out to the applicant within 2 weeks of receipt of the completed application.
- U. In implementing this Policy, GRMC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to the Policy.
- V. It is recognized that Old Order Amish and Old Order Mennonite patients do not rely in any manner on any type of government programs or private insurance based upon their religious beliefs. These two Orders rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay will be granted a 25% discount when paid in full within 30 days of service.
 - 1. A letter from the Old Order Amish Church and Old Order Mennonite Church will be presented to Garrett Regional Medical Center to be kept on file.
 - 2. Any patient applying for this discount will be required to fill out an application form.
 - 3. Patients requesting this assistance must present to the Patient Financial Services Department and speak to a PFS Representative.
 - 4. Any outstanding balances prior to the implementation of this discount may be considered if account notes show that payment was attempted within 30 days.